

Business Paperless Telefiling System

Worksheet

New Jersey Cosmetic Medical Procedures Gross Receipts Tax
(Form CMPT-100 Quarterly Return)

TO FILE BY PHONE:

Step 1 — Fill in the Worksheet.

Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at **1-877-829-2866**.

Step 3 — Choose "5" from the menu for the Cosmetic Medical Procedures Gross Receipts Tax Filing System.

Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number - - / PIN/Taxpayer Name Contact Phone Number - - Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter 1 - JAN, FEB, MAR 3 - JULY, AUG, SEPT
2 - APR, MAY, JUNE 4 - OCT, NOV, DECYear

RETURN INFORMATION

	Provided by Filer	Provided by Phone System
1. Gross receipts for quarter (to nearest dollar)	\$ <input type="text"/> <input type="text"/>	<div>↓</div>
2. Exempt receipts (to nearest dollar)	\$ <input type="text"/> <input type="text"/>	
3. Amount of tax collected	\$ <input type="text"/> <input type="text"/>	
4. Cosmetic medical procedures gross receipts tax due	\$ <input type="text"/> <input type="text"/>	<div>↓</div>
5. Penalty and interest	\$ <input type="text"/> <input type="text"/>	<div>↓</div>
6. Total amount due	\$ <input type="text"/> <input type="text"/>	<div>↓</div>

PAYMENT INFORMATION

To pay by electronic check (e-check) enter:

Bank Routing Number

Account Number

Type of Account

 1 - Checking
 2 - Savings

Payment Debit Date

 / /

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all tax information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.Return Confirmation Number **B** Date / /

Signed by: _____

Payment Confirmation Number (if payment is made separately) **B** Date / /

Signed by: _____